



Housing Opportunities for Persons With AIDS (HOPWA) Program

Annual Progress Report (APR)

Measuring Performance Outcomes

OMB Number 2506-0133 Expiration Date 07/31/2007

This report is for use by HOPWA competitively selected grantees for providing annual information on the accomplishments of the project in providing housing assistance for low-income persons living with HIV/AIDS and their families. Formula grantees may use this form to collect data from their project sponsors. The public reporting burden for the collection of information is estimated to average 85 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 72 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number

HOPWA Annual Progress Report (APR)

OMB Number 2506-0133 Expiration Date 07/31/2007

Overview

In this APR edition, the U.S. Department of Housing and Urban Development is emphasizing grantee performance and the use of client outcome measures in demonstrating program effectiveness. Toward this end, the HOPWA APR for competitive grant recipients has been revised to incorporate new performance measure reporting requirements. These are designed to help grantees and project sponsors aggregate results from the use of HOPWA resources: (1) to provide housing assistance as the annual output measure; and (2) to collect client information demonstrating the outcome for improved housing stability for this special needs population. Formula grantees also may want to use this form to track client information. HUD collaborated with grantees and technical assistance providers to implement the reporting information to measure this new performance outcome. This outcome measure will identify HOPWA assisted households that have been enabled to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary (per the regulations at 24 CFR 574.310(b).) and to reduce the risks of homelessness and improve access to health care and other support. At the end of each year of assistance, HOPWA recipients should consider the effects of their efforts under this general outcome. Recipients need to assess accomplishments in achieving this outcome and report on program progress. These assessments will help inform the community as well as HUD in assessing past performance and helping to direct future efforts. Additionally, programs can use the information to consider alternatives or program enhancements if activities are not meeting the stated outcome.

HOPWA collects the necessary information under the authority of the AIDS Housing Opportunity Act (AHOA), as amended, 42 U.S.C. 12901-12912. This Act authorizes HUD to provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons living with acquired immune deficiency syndrome (AIDS) or HIV infection and their families. The statute includes the following provisions that necessitate the collection of this information: (1) The AHOA authorizes the Department to conduct a national competition for the award of funds for ten percent of the annual appropriation for the HOPWA program; and (2) The AHOA requires that recipients of assistance report on the use of amounts received, including the number of individuals assisted, the types of assistance provided, and other information determined to be appropriate.

HUD selects the highest rated applicants for special projects of national significance and applicants for projects that are part of long-term comprehensive strategies for providing housing and related services in areas that do not qualify for formula allocations. As authorized, competitive grants that provide permanent supportive housing and meet program requirements may be selected on a priority basis for renewal funding. Annual Progress Reports provide HUD with essential information on project output and outcome activities in reporting to Congress and the public on the use of program funds. In addition, the reports assist HUD in monitoring the use of federal funds and ensuring statutory and regulatory compliance. Information is collected on an annual basis in the application to make selections and in the annual progress report to report on program activities based on statutory requirements at 42 U.S.C. 12903(b)(3) and 12911. Less frequent submission of information on program accomplishments could compromise the legal, efficient, and effective implementation of the program. The information to be submitted by applicants and recipients is considered public information, except to the extent that applications contain personal or proprietary information or are in use for the competition during a covered use period pursuant to the Department of Housing and Development Reform Act of 1989 (Pub. L. 101-235, as amended).

In addition to the Department's review of performance outcomes, HUD is consciously streamlining reporting requirements through integration and standardization of reporting mechanisms, to the extent possible. Since 2003, all competitive grantees are required as part of the grant agreements to complete a logic model which is a performance tool that informs HUD, the public, and other grantees on how grantees' services and activities help achieve HUD strategic goals and promote HUD policy priorities. The required APR information helps provide the information necessary for completing the logic model on the required HOPWA output measure, the amount of housing assistance provided each year, and to assess client outcomes in achieving housing stability.

General Instructions

Purpose. The Annual Progress Report (APR) fulfills statutory reporting requirements and provides the grantee and HUD with the necessary information to assess the overall performance and accomplishment of the grantee's program activities under the approved goals and objectives.

Previous editions are obsolete

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Applicability. Grantees must complete the APR for each operating year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate APR. A formula grantee may use this as an optional form, for example in collecting standard information from project sponsors, but will still be obligated to fulfill formula reporting requirements. Grantees must complete all of Parts 1-3 on standard reporting elements. Grantees approved for "Other" activities, as detailed in their grant agreement, are requested to adapt the APR to report on their unique program accomplishments. For instance, accomplishment data may be included in Part 2c.

On Part 3, grantees are required to complete project sponsor information in subparts (a-c) that correspond to activities undertaken with HOPWA funding, i.e., tenant-based rental assistance (TBRA) (Part 3A), short-term rent, mortgage and utility assistance (STRMU) (Part 3A), facility-based housing assistance (FBHA) (Part 3B), or supportive services only projects (Part 3C). Grantees whose activities are limited to providing supportive services only (Part 3C) are not required to provide information relating to participant demographics. Grantees providing housing assistance must complete Part 2A Information on Individuals, Beneficiaries and Households, Part 2B Budget and Grant Sources for Project Leveraging, Part 2C Performance and Expenditure Information and Part 2D Housing Stability Outcomes; and Outcomes on Access to Care and Support (for clients served with Housing Placement Activities, Case management and employment training services) for their clients who benefit from the HOPWA housing assistance.

Continued Use Periods. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for ten years for HOPWA-eligible beneficiaries. For the years in which grantees do not receive and expend HOPWA funding for these activities, in place of filing the APR, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 3b Facility Based Housing Assistance in this APR.

Record Keeping. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **Information is reported in aggregate to HUD without personal identifications. Do not submit client or personal information in data systems to HUD.**

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disability Status, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Program Entry Date, Program Exit Date, Unique Person Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Housing Support, Services Received, and Housing Status or Destination at the end of the operating year. Other suggested but optional elements are: Behavioral Health Status, Domestic Violence, Employment, Education, General Health Status, Physical Disability, Pregnancy Status, Reasons for Leaving, Veteran's Information, and Children's Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

Operating Year. The information contained in this APR should reflect one operating year of the grantee's report. Project sponsor accomplishment information must reflect the same time period as the grantee's operating year and APR dates. New grantees have some flexibility in setting the dates of operating years. A grantee of a competitively-awarded grant may set the operating start date for its program on a date up to four months following the date of the signing of the grant agreement. Any change requires the approval of HUD by amendment, such as an extension for one additional year of operation. A renewal grant start date would be coordinated with the close out of the existing grant.

Organization of the Report. The information included in this report has been organized to facilitate reporting by project sponsors to allow grantees to assemble the parts applicable to reporting on its HUD-approved grant.

- 1) Grantee Narrative and Performance Assessment
- 2) Overview of Grant Activities and Expenditures -- Summary of All Projects
 - a) Information on Individuals, Beneficiaries and Households

form HUD-40110-C (Revised 1/2006)

- b) Summary of Grantee Leveraging
- c) Performance and Expenditure Information
- d) HOPWA Performance Outcomes
- 3) Project Sponsor Information (each project sponsor)
 - a) Non facility-based Housing Assistance
 - b) Facility-based Housing Assistance
 - c) Supportive Services-Only Projects
- 4) Appendix: Information on Outcomes and HMIS

Final Assembly of Report. After the entire report is assembled, please number each page sequentially.

Filing Requirements. Within 90 days after the end of each operating year, the information in this package must be submitted to the Director of the Office of Community Planning and Development (CPD) in the grantee's State or Area HUD Office, with one copy submitted to the Office of HIV/AIDS Housing (Room 7212), U.S. Department of Housing and Urban Development, 451 Seventh Street SW, Washington, D.C. 20410. Failure to timely submit the required Annual Progress Report may lead to a delay in receiving future grant funds or a determination for ineligibility for future funding.

Definitions. The HOPWA regulations provide definitions at 24 CFR 574.3. The following terms supplement these definitions for the use of preparing this APR.

Adjustment for Duplication: Refers to number of households or beneficiaries that received more than one type of assistance in a given service category. The adjustment for duplication should provide an unduplicated total.

Administrative Costs: Refers to costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 3% of total grant award, to be expended over the life of the grant. Project sponsor administrative costs are limited to 7% of the total grant award, to be expended over the life of the grant.

At Entry or Continuing: At Entry indicates the household status at the time of when eligibility and housing needs are assessed. For households continuing from the previous year, the entry date would be the status of the household at the beginning of the operating year.

At Exit or Continuing: At Exit indicates the household status at the time of departure from the HOPWA program. For households continuing into the next operating year, the exit date would be the status of the household at the end of the new operating year. Exit, reasonable expectation that additional support (e.g. Tent-based Rental Assistance) is not required to maintain housing arrangements.

Beneficiary: A beneficiary is any individual who received HOPWA housing assistance during the operating year. And includes all members of the household receiving assistance.

HOPWA Eligible Person: The person with HIV/AIDS who qualifies the household for HOPWA assistance. This person may be considered "Head of Household." When the APR asks for information on eligible individuals please report on this person only. Where there is more than one person with HIV/AIDS in the household, the additional PWA(s), would be considered a beneficiary(s).

Chronically homeless person: A "chronically homeless person" is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include doubled-up or overcrowding situations.

Disabling condition: A "disabling condition" is "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." In addition, a disabling condition may limit an individual's ability to work or perform one or more activities of daily living. An HIV/AIDS diagnosis is considered a disabling condition.

Entered the program: This phrase means when the participant's eligibility and housing needs are assessed, housing plan is established, or the person or family starts to receive rental assistance or begins residing at the housing facility.

Extension: In addition to the standard three-year grant term, an **Extension APR** applies to grantees that requested and received the one-year extension of their grant term from the HUD field office.

Facility-based Housing Assistance: All HOPWA Housing expenditures for the current operating year to support facilities including community residences, SRO dwellings, short-term facilities, project-based units, master leased units, and other housing facilities approved by HUD, and supportive services only facilities.

Grassroots organization: A "grassroots organization" means an organization that is headquartered in the local community to which it provides services; and, (i) has a social services budget of \$300,000 or less, or (ii) has six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered "grassroots."

Household: A "household" means a single individual or a family composed of two or more persons, for which household incomes are used to determine eligibility and for calculation of the resident rent payment. Caregivers and non-beneficiaries who resided in the shared unit are not reported on in the APR. The term is used for collecting data on changes in income, changes in access to services, receipt of housing information services, and outcomes on achieving housing stability.

Housing Stability: See Part 4 Appendix (page 23) for definitions of stable and unstable Housing situations.

Multiple Diagnosed Issues: A disease or condition, such as serious mental illness or substance abuse, co-existing with risk of homelessness for persons living with HIV/AIDS.

Non-Facility based Housing Assistance: All HOPWA Housing expenditures for the current operating year to support tenant-based rental assistance or short-term, rent, mortgage, and utility assistance.

Non-HOPWA leveraged sources: Non-HOPWA leveraged resources refers to cash resources separate from the HOPWA grant award, and may include: CDBG, HOME, ESG, SHP, S+C, SRO Mod Rehab, Housing Choice Vouchers (Section 8), PHA units, Supportive Housing for Persons with Disabilities/Elderly (Section 811/202), Low Income Housing Tax Credits (LIHTC), Historic Tax Credits, USDA Rural Housing Service, Ryan White CARE Act programs, other federal programs at HHS, VA, DOL, etc, state funds, local government funds, and private philanthropy. While other HOPWA funds may be used in conjunction with this grant, the amounts are not counted as leveraging for purposes of the grant application selection or criteria, and performance is reported under the applicable HOPWA grant

Operating Costs: Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

Output Assessed: Output refers to the number of units of housing/households assisted during the year, as measured by the annual use of HOPWA funds.

Outcome Assessed: The HOPWA assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support with the goal that this result increases through use of annual resources to be achieved by 80 percent of all HOPWA beneficiaries by 2008.

Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including reasonable costs for security deposits not to exceed two months of rent costs.

Stewardship Unit: Facility based housing units developed with HOPWA funds, but have no current operations or other HOPWA costs and is subject to 3- or 10-year use periods.

Housing Opportunities for Persons with AIDS (HOPWA) Annual Progress Report – Measuring Project Performance

OMB Number 2506-0133 Expiration Date 07/31/2007

HUD Grant Number	Operating Year for this report <i>From (mm/dd/yy) to (mm/dd/yy)</i> <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> ExtYr
Grantee Name	
Type of HOPWA Grant <input type="checkbox"/> Competitive <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Formula	Service Area (community, Metropolitan Statistical Area (MSA) or State in which this program is operating)
<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i> Warning: HUD will refer for prosecution false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)	
Name & Title of Authorized Official	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency <i>(person who can answer questions about the report and program)</i>	Contact Phone (include area code)
Address	Fax Number (include area code)
City, State, Zip	Email Address
Organization's Website Address	Type of Agency Is the grantee a nonprofit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Check if the grantee is a faith-based organization. <input type="checkbox"/> Check if the grantee is a grassroots organization. <input type="checkbox"/>
Have you prepared any evaluation report? <i>If so, please indicate its location on an Internet site (url) or attach copy.</i>	(This section is merged into the 'Type of Agency' section above)

Part 1: Grantee Narrative and Performance Assessment

Instructions: Provide a short narrative summarizing the activities undertaken during the operating year for this grant (1-4 pages) that may be used for public information, including posting on HUD's web page. In the summary, describe any project sponsors and partner organizations; report innovative outreach and support provided to the target population; and any related assessment or evaluation of the project's accomplishments conducted during the operating year. In conjunction with an updated logic model, submit a summary reporting the following:

a. **OUTPUTS REPORTED:** Provide an overview of your program's accomplishments for the operating year, report on the number of units of housing supported/households assisted with HOPWA housing assistance funds during this operating year. Include a comparison between proposed accomplishments, as approved in the grant agreement, with the actual accomplishments demonstrated in Part 2: Overview of Grant Activities.

b. **OUTCOMES ASSESSED:** Please describe progress in achieving HOPWA performance outcomes. Briefly assess how HOPWA assisted households were enabled to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and reduce their risks of homelessness and improve their access to health-care and other supportive services. Compare current year outcomes with any baseline of prior efforts.

c. **BARRIERS AND RECOMMENDATIONS:** Describe any barriers you or your project sponsors encountered during the operating year, actions taken in response to the barriers, and recommendations for program improvement. You may select more than one from the following list:

- | | | | | |
|---|--|---|---|--------------------------|
| <input type="checkbox"/> HOPWA/HUD Regulations | <input type="checkbox"/> Planning Issues | <input type="checkbox"/> Housing Availability | <input type="checkbox"/> Rent Determination and Fair Market Rents | |
| <input type="checkbox"/> Discrimination/Confidentiality Supportive Services | <input type="checkbox"/> Multiple Diagnosed Issues | <input type="checkbox"/> Eligibility Issues | <input type="checkbox"/> Technical Assistance or Training Issues | <input type="checkbox"/> |

d. **TECHNICAL ASSISTANCE:** Based on your experience during the last operating year, are there any areas in which you need technical advice or assistance? If so, please describe.

e. **LOGIC MODEL:** Please attach a copy of your grants' updated Logic Model on your annual accomplishments and the HOPWA performance goals and the optional goals you established in your application. **Reference (data requested consistent with Form HUD-96010 Program Outcome Logic Model)*

Part 2: Overview of Grant Activities - Summary of All Projects

A. Information on Individuals, Beneficiaries and Households receiving HOPWA Housing Assistance

1. Individuals

Eligible Individuals living with HIV/AIDS: Please indicate below the unduplicated number of eligible individuals (Head of Household) who are low income and living with HIV/AIDS, who received HOPWA housing assistance during the operating year. Of those eligible individuals, indicate who have special needs and their prior living situations.

a. Total HOPWA eligible individuals living with HIV/AIDS: Please indicate below the unduplicated number of eligible individuals who are low income and living with HIV/AIDS, who received HOPWA housing assistance during the operating year.

Individuals Served through Housing Assistance	Total Number
Number of individuals with HIV/AIDS who received HOPWA housing assistance	

b. Special Needs: Please indicate the total number of HOPWA eligible individuals living with HIV/AIDS, who received HOPWA housing assistance and had the following life experiences, if known. Participants may count in more than one category. *The sum total of individuals identified with Special Needs issues may not equal the total number of individuals served with HOPWA housing assistance from (a) above.*

Category	i. Veteran(s)	ii. Chronically Homeless	iii. Domestic Violence Survivor(s)
Total HOPWA eligible persons Served with Housing Assistance			

c. Prior living situation. Please indicate the prior living situations for HOPWA eligible individuals living with HIV/AIDS, who received HOPWA housing assistance. Include participants in the **(one)** category that best describes the participants' most recent living situation. The total (xvii) in this section should equal a (i) above. The categories are consistent with HMIS standard responses.

Category		Total HOPWA eligible persons Served with Housing Assistance
i.	Continuing in the HOPWA program from the prior operating year	
New HOPWA eligible Persons living with HIV/AIDS (beginning HOPWA services during Operating Year)		
ii.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	
iii.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	
iv.	Transitional housing for homeless persons	
v.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	
vi.	Psychiatric hospital or other psychiatric facility	
vii.	Substance abuse treatment facility or detox center	
viii.	Hospital (non-psychiatric facility)	
ix.	Foster care home or foster care group home	
x.	Jail, prison or juvenile detention facility	
xi.	Rented room, apartment, or house	
xii.	House you own	
xiii.	Staying or living in someone else's (family and friends) room, apartment, or house	
xiv.	Hotel or motel paid for without emergency shelter voucher	
xv.	Other	
xvi.	Don't Know or Refused	
xvii.	TOTAL (add item i-xvi)	

2. Beneficiaries

Demographics of Total Number of HOPWA Beneficiaries Served with Housing Assistance. Please report the demographic information for the total number of HOPWA eligible individuals living with HIV/AIDS and all associated members of their household who received HOPWA Housing Assistance (resided with HOPWA eligible individuals living with HIV/AIDS). Indicate the age, gender, and race and ethnicity for all beneficiaries. The sum of **each** of the following categories should equal the total number of beneficiaries served with HOPWA housing assistance.

a. Total Number of HOPWA Beneficiaries Served with Housing Assistance

Individuals and Families Served through Housing Assistance	Total Number
i. Number of individuals with HIV/AIDS who received HOPWA housing assistance (from item 1a, line i above)	
ii. Number of other persons residing with the above eligible individuals in HOPWA-assisted housing	
iii. TOTAL number of beneficiaries served with Housing Assistance (lines i + ii)	

b. Age and Gender

Category	Male	Female
i. Under 18		
ii. 18 to 30 years		
iii. 31 to 50 years		
iv. 51 years and Older		

c. Race and Ethnicity*

	Racial Categories	Total Beneficiaries Served with Housing Assistance	Total Beneficiaries who are also Hispanic or Latino		Category	Total Beneficiaries Served with Housing Assistance	Total Beneficiaries who are also Hispanic or Latino
i.	American Indian/Alaskan Native			vi.	American Indian/Alaskan Native & White		
ii.	Asian			vii.	Asian & White		
iii.	Black/African American			viii.	Black/African American and White		
iv.	Native Hawaiian/Other Pacific Islander			ix.	American Indian/Alaskan Native & Black/African American		
v.	White			x.	Other Multi-Racial		

*Reference (data requested consistent with Form HUD-27061 Race and Ethnic Data Reporting Form)

3. Households

Household Area Median Income: Please indicate the area median income for all households served with Housing Assistance. Total households served should equal the number of households in Part 2C (5). For information on area median income in your area, please refer to www.hud.gov.

Percentage of area median income by area		Households Served with Housing Assistance
i.	0-30% of area median income (extremely low)	
ii.	31-50% of area median income (very low)	
iii.	51-60% of area median income (low)	
iv.	61-80% of area median income (low)	

Part 2: Overview of Grant Activities - Summary of All Projects

B. Budget and Grant Sources for Project Leveraging

All grantees receiving funds under the HOPWA program must complete this chart for each operating year. Please identify the amount and source(s) of cash resources leveraged from other sources, and used in delivery or operation of HOPWA activities. Identification of in-kind and donated services, value of buildings, etc., are not requested. Use additional pages if necessary.

Available HOPWA Funding	i) HOPWA 3-year grant award:	\$
	ii) Prior year(s) Expenditures (for this grant only):	\$
	iii) Current year Expenditure:	\$
	iv) Current HOPWA balance: (equals i – [ii+iii])	\$

Sources of Leveraging (cash resources)		Total Amount of Leveraged Dollars (for this operating year)
	HOPWA (other formula/competitive grants).	\$
	Information for collection purposes only, not considered leveraging.	
1.	Federal government (please specify):	\$
		\$
		\$
		\$
2.	State government (please specify):	\$
		\$
		\$
		\$
3.	Local government (please specify):	\$
		\$
		\$
		\$
4.	Foundations and other private cash resources (please specify):	\$
		\$
		\$
		\$
5.	Resident rent payments in facilities	\$
6.	Grantee/project sponsor (Agency) cash	\$
7.	TOTAL (Sum of 1-6; same as Part 2C item 21)	\$

For information purposes only: Leveraged cash resources may include: CDBG, HOME, ESG, SHP, S+C, SRO Mod Rehab, Housing Choice Vouchers (Section 8), PHA units, Supportive Housing for Persons with Disabilities/Elderly (Section 811/202), Low Income Housing Tax Credits (LIHTC), Historic Tax Credits, USDA Rural Housing Service, Ryan White CARE Act programs, other federal programs at HHS, VA, DOL, etc, state funds, local government funds, and private philanthropy. While other HOPWA funds may be used in conjunction with this grant, the amounts are not counted as leveraging for purposes of the grant application selection or criteria and performance is reported under the applicable HOPWA grant

Leveraged Funds include other funds used for on-site or other specific activities directly connected to serving HOPWA clients, at the activity or program level.

Part 2: Overview of Grant Activities - Summary of All Projects

C. Performance and Expenditure Information

Instructions: The following chart is a summary of all grant activities included in this APR. Please enter aggregate information from all project sponsors that received HOPWA funds from the grantee during the operating year by reporting the total number of households by housing subsidy type and the number of households assisted in housing facilities along with the total amount of HOPWA funds expended in each category. Please note items 1-5 and 9-14 are measured in households and 6 and 7 are measured in housing units. The Total Housing Assistance number provided represents the unduplicated number of households assisted during the operating year (the annual output measure for HOPWA Program). Please indicate the amount and source(s) of leveraged funds from other sources that are directly connected to the HOPWA effort, including any households supported with these funds. Please include the project-leveraging (cash resources) total for all project sponsors and grantee activities. Please refer to the definitions section for clarification on terminology.

Housing Subsidy Assistance		Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended	Number of Households Receiving Related Support with Non-HOPWA Sources	Amount of Leveraged Funds Expended
1.	Tenant-based Rental Assistance				
2a.	Facility-based units that receive operating subsidy: <u>Number of households supported</u>				
2b.	Facility-based units developed with capital funds and placed in service during the operating year: <u>Number of households supported</u>				
3.	Short-term Rent, Mortgage, and Utility Assistance				
4.	Adjustment to eliminate duplication (subtract)	()	()	()	()
5.	Total Housing Assistance (unduplicated)				
Housing Development (Construction and Stewardship of facility-based housing)		Number of <u>Units</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended	Number of <u>Units</u> Receiving Related Support with Non-HOPWA Sources	Amount of Leveraged Funds Expended
6.	Facility-based units being developed with capital funding but not yet opened (show units of housing planned)				
7.	Stewardship units subject to 3- or 10-year use periods				
8.	Total Housing Development				
Supportive Services (excluding Housing Placement Activities)		Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended	Number of Households Receiving Related Support with Non-HOPWA Sources	Amount of Leveraged funds from Other Sources
9a	Supportive Services in conjunction with HOPWA housing activities (for total households assisted item 5) ¹				
9b	Supportive Services NOT in conjunction with housing activities (HOPWA funded Supportive Services Only) ²				
10	Adjustment to eliminate duplication (subtract)	()	()	()	()
11	Total Supportive Services				

Housing Placement Assistance Activities ³					
12.	Housing Information Services				
13.	Permanent Housing Placement Services				
14.	Total Housing Placement Assistance				
Administration and Management Services					
15.	Resource Identification to establish, coordinate and develop housing assistance resources (includes Technical Assistance in Community Residence)				
16.	Project Outcomes/Program Evaluation (if approved)				
17.	Grantee Administration (maximum 3% of total of HOPWA grant)				
18.	Project Sponsor Administration (maximum 7% of total of HOPWA grant)				
19.	Other Activity (if approved in grant agreement) Specify:				
20.	Total Administration & Management				
Total Expended					
21.	Total Expenditures (sum of lines 5, 8, 11, 14 & 20)				

NOTE: The term Household is used as the main reporting category when gathering information on housing subsidy assistance (such as TBRA and STRMU) and for residents of facilities. Housing units is the term generally used to describe the size of the housing facility or community residence that was planned or under development with program funds as seen in Part 3B. or in the stewardship units ONLY section. Once in operation, it is possible that a unit in a facility may assist more than one household during the operating year, as tenants move in and out of that unit, for example, in residency in a transitional facility or relocation to other housing. The use of households as the standard measure for individuals assisted will help track this changeover of tenants, with information provided in the outcome section.

1. Supportive Services in conjunction with HOPWA Housing Assistance: if money is spent on case management and employment training, outcomes must be reported in Access to Care and Support (See Part 2D Section 2 a and b Support in conjunction with HOPWA-funded Housing Assistance)

2. Supportive Services not in conjunction with HOPWA Housing Assistance: if money is spent on case management and employment training, outcomes must be reported in Access to Care and Support (See Part 2D Section 2 c Support not in conjunction with HOPWA-funded Housing Assistance)

3. Housing Placement Activities: if money is spent on housing placement activities in conjunction with HOPWA Housing Assistance outcomes must be reported in Access to Care and Support (See Part 2D Section 2 a and b Support in conjunction with HOPWA-funded Housing Assistance); if not in conjunction with HOPWA Housing Assistance outcomes must be reported in Access to Care and Support (See Part 2D Section 2 c Support not in conjunction with HOPWA-funded Housing Assistance).

Part 2: Overview of Grant Activities - Summary of All Projects

D. HOPWA Performance Outcomes

Section: 1) Housing Stability

- In column 1, provide the total number of eligible households that received HOPWA housing assistance, by type of housing subsidy assistance. The information provided should coincide with the households provided in Part 2C, items 1-3.
- In column 2, enter the number of eligible households continuing to access each type of housing subsidy assistance (may involve a temporary absence of not more than 90 days for treatment purposes, with an intent to return).
- In column 3, enter the number of eligible households within each specified type of housing assistance who left the program component during the operating year by their housing destination. If a household fractured during the operating year, report only on the destination of the eligible individual living with HIV/AIDS. Refer to the destination codes that appear in Part 4: Appendix: Worksheet on Determining HOPWA Outcomes and Connections with HMIS. If uncertain how to categorize a particular destination, please refer to the glossary for definitions of destination codes.

Type of Housing Assistance	[1] Total Number of Households Receiving HOPWA Assistance	[2] Number of Households Continuing	[3] Number of Exited Households Component and Destination
Tenant-based Rental Assistance			1 (Emergency Shelter) =
			2 (Temporary Housing) =
			3 (Private Housing) =
			4 (Other HOPWA) =
			5 (Other Subsidy) =
			6 (Institution) =
			7 (Jail/Prison) =
			8 (Disconnected) =
			9 (Death) =
Facility-based Housing Assistance			1 (Emergency Shelter) =
			2 (Temporary Housing) =
			3 (Private Housing) =
			4 (Other HOPWA) =
			5 (Other Subsidy) =
			6 (Institution) =
			7 (Jail/Prison) =
			8 (Disconnected) =
			9 (Death) =
Short-term Housing Assistance	Total Number of Households Receiving HOPWA Assistance	Of the Total number Households Receiving STRMU Assistance this operating year	Status of STRMU Assisted Households at the End of Operating Year
Short-term Rent, Mortgage, and Utility Assistance		What number of those households received STRMU Assistance in the prior operating year: <input type="text"/>	1 (Emergency Shelter) =
			2 (Temporary Housing) =
			3 (Private Housing)* =
			4 (Other HOPWA) =
			5 (Other Subsidy) =
			6 (Institution) =
			7 (Jail/Prison) =
			8 (Disconnected) =
			9 (Death) =
		What number of those households received STRMU Assistance in the two (2) prior operating years (ago): <input type="text"/>	1 (Emergency Shelter) =
			2 (Temporary Housing) =
			3 (Private Housing)* =
			4 (Other HOPWA) =
			5 (Other Subsidy) =
			6 (Institution) =
			7 (Jail/Prison) =
			8 (Disconnected) =
			9 (Death) =

Note: The total of column 2 (number of households continuing HOPWA assistance in the next operating year) and column 3 (number of households that exited the program) should equal column 1 (total number of households served during the operating year).

**For more information on Housing Stability Outcomes, please refer to Part 4: Appendix found on page 23*

Part 2: Overview of Grant Activities - Summary of All Projects

D. HOPWA Performance Outcomes

Section: 2) Access to Care and Support

a. Support in conjunction with HOPWA-funded Housing Assistance. Please report on the access to care and support for households receiving case management, employment training, and/or housing placement assistance (ONLY) that is in conjunction with HOPWA-funded housing assistance only (See Part 2C, item 9-a, 12 and 13). Report on the household status at program entry (or beginning of operating year for households continuing from previous year) and program exit (or end of operating year for households continuing services in the following operating year), if eligible individual living with HIV/AIDS accessed services.

Category of Services Accessed	Number of Households receiving HOPWA Housing Assistance		Number of jobs that included health benefits
	At Entry or Continuing	At Exit or Continuing	
i. Has a housing plan for maintaining or establishing stable on-going residency			
ii. Had contact with a case manager/benefit counselor at least once in the last three months (or consistent with the schedule specified in their individualized service plan)			
iii. Had contact with a primary health care provider at least once in the last three months (or consistent with the schedule specified in their individualized service plan)			
iv. Had medical insurance coverage or medical assistance			
v. Obtained an income-producing job created by this project sponsor during the year			
vi. Obtained an income-producing job outside this agency during the year			

b. Income. Report the household monthly income of households receiving case management, employment training, and/or housing placement assistance (ONLY) that is in conjunction with HOPWA-funded housing assistance (See Part 2C, box 9-a).

	A. Monthly Household Income at Entry or Residents continuing from prior Year End	Number of Households
i.	No income	
ii.	\$1-150	
iii.	\$151 - \$250	
iv.	\$251- \$500	
v.	\$501 - \$1,000	
vi.	\$1001- \$1500	
vii.	\$1501- \$2000	
viii.	\$2001 +	

	B. Monthly Household Income at Exit/End of Year	Number of Households
i.	No income	
ii.	\$1-150	
iii.	\$151 - \$250	
iv.	\$251- \$500	
v.	\$501 - \$1,000	
vi.	\$1001- \$1500	
vii.	\$1501- \$2000	
viii.	\$2001 +	

c. Support NOT in conjunction with HOPWA-funded Housing Assistance. Please report on the access to care and support only for households receiving case management, employment training, and/or housing placement assistance (ONLY) that is not in conjunction with HOPWA-funded housing assistance (See Part 2C, item 9-b, 12 and 13). Report on the household status at program entry (or beginning of operating year for households continuing from previous year) and program exit (or end of operating year for households continuing services in the following operating year), if eligible individual living with HIV/AIDS accessed services.

Category of Services Accessed	Number of Households receiving HOPWA Housing Assistance		Number of jobs that included health benefits
	At Entry or Continuing	At Exit or Continuing	
i. Has a housing plan for maintaining or establishing stable on-going residency			
ii. Had contact with a case manager/benefit counselor at least once in the last three months (or consistent with the schedule specified in their individualized service plan)			
iii. Had contact with a primary health care provider at least once in the last three months (or consistent with the schedule specified in their individualized service plan)			
iv. Had medical insurance coverage or medical assistance			
v. Obtained an income-producing job created by this project sponsor during the year			
vi. Obtained an income-producing job outside this agency during the year			

Part 3: HOPWA Project Sponsor Information

Complete general a project information table for each project sponsor funded by the grantee (or if the grantee conducts the program activities directly). Attach corresponding performance sections that apply to each HOPWA activity carried out by the project sponsor.

1. General Project Information:

Project Sponsor Agency Name			
Name & Title of Contact at Project Sponsor Agency			
Email Address			
Business Address			
City, State, Zip			
Phone (include area code)		Fax Number (include area code)	
Website			
Total HOPWA Subcontract Amount for this Organization			
Primary Service or Site Information: Project Zip Code(s)			
Is the sponsor a nonprofit organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		

Please attach the respective section of this form if project sponsor provides any of the following activities:

Activity	Section
<input type="checkbox"/> Non facility-based Housing Assistance <input type="checkbox"/> Tenant-based Rental Assistance <input type="checkbox"/> Short-term Rent, Mortgage and Utility Assistance	Part 3A
<input type="checkbox"/> Facility-based Housing Assistance	Part 3B
<input type="checkbox"/> Facility-based Stewardship Units ONLY	1-page certification (at end of the facility-based housing assistance section)
<input type="checkbox"/> Supportive Services Only	Part 3C

2. Summary of all Supportive Services, Housing Placement Assistance and Administration and Management Services provided by this project sponsor, in conjunction with HOPWA-funded Housing Assistance: Please include an unduplicated* total of all supportive services, a break-out of all supportive services provided, and all housing placement assistance and administration and management activities provided by this project sponsor.

Supportive Services		Number of Households Receiving HOPWA Assistance from this project sponsor	Amount of HOPWA Funds Expended by this project sponsor
a.	Total Supportive Services Provided by this project sponsor in conjunction with HOPWA-funded Housing Assistance (unduplicated)*		
Break-out of Supportive Services provided by this Project Sponsor Agency (total may exceed above because the same households may be served in more than one category)			
b.	Adult day care and personal assistance		
c.	Alcohol and drug abuse services		
d.	Case management/client advocacy/ access to benefits & services		
e.	Child care and other child services		
f.	Education		
g.	Employment assistance and training		
h.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
i.	Legal services		
j.	Life skills management (outside of case management)		
k.	Meals/nutritional services		
l.	Mental health services		
m.	Outreach		
n.	Transportation		
o.	Other (only if HUD-approved):		
	Housing Placement Assistance Categories	Number of Households Receiving HOPWA Assistance from this project sponsor	Amount of HOPWA funds Expended by this project sponsor
p.	Housing Information Services		
q.	Permanent Housing Placement Services		
r.	Total Housing Placement Assistance		
	Administration and Management Services		
s.	Resource Identification to establish, coordinate, and develop housing assistance resources		
t.	Project Outcomes/Program Evaluation (if approved)		
u.	Project Sponsor Administration (maximum 7% of total)		
v.	Other Activity (if approved in grant agreement) Specify:		
w.	Total Administration & Management		
x.	Total Expenditures (sum of items a + r + w)		

Part 3: HOPWA Project Sponsor Information

A. Non facility-based Housing Assistance

1. Tenant-Based Rental Assistance (TBRA): For project sponsors that provided Tenant-based Rental Assistance (TBRA) using HOPWA funds during the Report Year indicated in Part 3, please provide the following detailed information for each project sponsor. Use extra pages as necessary. Enter the number of households served and the amount of HOPWA funds expended during the operating year for the activities listed below.

Housing Assistance Categories		Number of <u>Households</u> Receiving HOPWA Assistance from this project sponsor	Total HOPWA Funds Expended during Operating Year by this project sponsor
a.	Tenant-based rental assistance (TBRA)		
b.	Rental Assistance (RA) program using a reduced subsidy (shallow rent or partial rent), <u>as approved in grant agreement</u>		
c.	Total RA Housing Assistance (total a + b)		
Supportive Services Provided by This Project Sponsor Agency to Households Receiving Tenant-based Rental Assistance			
e.	Total TBRA Supportive Services (unduplicated) provided by this project sponsor		

Program Outcomes: TBRA is considered permanent affordable housing and when provided with other appropriate support, such as access to health-care and other mainstream human services, households are enabled to establish and maintain stable living arrangements.

2. Short-term Rent, Mortgage and Utility Assistance (STRMU): For project sponsors that provided Short-term Rent, Mortgage and Utility Assistance using HOPWA funds during the Operating Year indicated in Part 3, please provide the following detailed information. Please fill out a separate chart for each project sponsor. Use extra pages, as necessary. Enter the number of households served and the amount of HOPWA funds expended at any point during the operating year for the activities listed below.

Housing Assistance Categories		Number of <u>Households</u> Receiving HOPWA Assistance from this project sponsor	Total HOPWA Funds Expended during Operating Year by this project sponsor
a.	Total for Short-term mortgage, rent and/or utility assistance		
b.	Of the above households assisted (line b), please provide the number of mortgage payments		
Supportive Services Provided by This Project Sponsor Agency to Households Receiving STRMU			
c.	Total STRMU Supportive Services (unduplicated) provided by this project sponsor		

Program Outcomes. STRMU is used to help stabilize clients in current housing and provide time to develop a permanent housing plan, if needed, to connect to longer term support (before the end of the short-term limits on assistance). Continued reliance on short-term assistance for the same household would not represent a stable living situation.

Part 3: Project Sponsor Information

B. Facility-based Housing Assistance

Please fill out this section for all facility or project-based housing assistance activities. For project sponsors that provided facility-based housing assistance using HOPWA funds during this Operating Year please provide the following detailed information for each facility. Fill out one PART 3 B. section for each housing facility operated using HOPWA dollars. Use extra pages as necessary. If no expenditures were made but the facility was developed with HOPWA funds, (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of Stewardship units, or three years for non-substantial rehabilitation costs) the project sponsor should complete the "HOPWA Housing Project Certification of Continued Usage Form" at the back of this section of the form.

1 a). Capital Development of Projects Only (For Each Facility developed)

Type of Development	HOPWA Funds Expended	Non-HOPWA funds Expended	Type of Facility [Check only one box.]
<input type="checkbox"/> New construction	\$	\$	<input type="checkbox"/> Permanent housing
<input type="checkbox"/> Rehabilitation	\$	\$	<input type="checkbox"/> Short-term Shelter or Transitional housing
<input type="checkbox"/> Acquisition	\$	\$	<input type="checkbox"/> Supportive services only facility
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: _____ Date Completed: _____
c.	Operation dates:		Date residents began to occupy: _____ <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: _____ Not yet providing services <input type="checkbox"/>
e.	Number of units in the facility:		HOPWA-funded units _____ Total Units _____
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

1 b). Capital Development of Projects Only: For units entered above (1 a) please list the number of HOPWA units that fulfill the following criteria.

	Designated for the chronically homeless	Designated for assist the homeless	International Building Code Compliant	Energy-Star Compliant	504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired with or without rehab						
Rental units rehabbed						
Homeownership units constructed (if approved)						

2. Units assisted in types of housing facility (for each housing facility assisted). For each type of housing facility, indicate the number of housing units in the facility, categorized by the number of bedrooms per unit. Please note, this number may not equal the total number of households served.

Type of housing facility operated by project sponsor		Total Number of Units Operated in the Operating Year Categorized by the number of Bedrooms per Units					
		SRO/0 bdrm	1 bdrm	2bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Short-term or transitional supported housing facility						
d.	Units leased by project sponsor/Project-based rental assistance units						
e.	Other housing facility (specify):						

3. Facility-Based Housing Expenditures. Enter the total number of households (such as a single participant) served in operating facilities and the amount of HOPWA funds expended during the operating year for the activities listed below. If the development involved more than one activity then indicate the adjustment for duplication, while showing the expenditures directly made for each the activities. Please refer to the definitions section for clarification on terminology.

Housing Assistance Categories		Number of <u>Households</u> Receiving HOPWA Assistance from this project sponsor	Total HOPWA Funds Expended during Operating Year by this project sponsor
a.	Leasing costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or Rental subsidy for a unit owned (or leased) by another agency		
d.	Other, if approved (Specify):		
e.	Adjustment to eliminate duplication (subtract)	()	()
f.	Total Facility-Based Housing Assistance		
Supportive Services Provided by This Project Sponsor Agency to Households Receiving Facility-based Rental Assistance			
g.	Total Facility-Based Supportive Services (unduplicated) provided by this project sponsor		

Program Outcomes. Facility-based support may be considered permanent supportive housing when provided with other appropriate on-site support, such as assistance with daily living activities or other needed support. Residents also benefit from improved access to health-care and other mainstream human services. Facilities may also be designed for short-term or transitional efforts to help individuals better prepare to establish and maintain stable living arrangements.

To avoid duplication report only households receiving supportive services (in conjunction with facility-based housing assistance) once.

Part 3: Project Sponsor Information

HOPWA Housing Project Certification of Continued Usage

For Facility-Based Stewardship Units ONLY

Grantees that received Housing Opportunities for Persons with AIDS (HOPWA) funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years, or at least three years, if non-substantial rehabilitation funds were used. Stewardship begins once the facility is put into operation.

HUD Grant Number(s)		Operating Year for this report <i>From (mm/dd/yy) to (mm/dd/yy)</i> <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;	
Grantee Name		Date Facility began operations	
Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	Total Amount of HOPWA Funds Expended during Operating Year	Amount of Leveraging from Other Sources Used during the Operating Year
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to 3- or 10- year use periods			
For Project Sites--Name of HOPWA-funded project			
Site Information: Project Zip Code(s) and Congressional District(s)			
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list. <input type="checkbox"/> Not confidential; information can be made available to the public.		
If the site is available to the public, please provide the contact information, phone, email address/location, if business address is different from facility address.			

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through other resources and all the requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency <i>(person who can answer questions about the report and program)</i>	Contact Phone (include area code)

This Annual Certification of Continued HOPWA Project Operations is to be used in place of other sections of the APR, in the case that no additional HOPWA funds were expended in this operating year at this facility which had been acquired, rehabilitated or constructed and developed in part with HOPWA funds.

Part 3: Project Sponsor Information

C. Supportive Services Only Programs

1. Supportive Services. Complete this section for project sponsors providing supportive services only* using HOPWA funds during the operating year, i.e., to households whose housing needs are being met through Non- HOPWA housing assistance.

Supportive Services provided by Project Sponsor Agency		Number of Households Receiving HOPWA Assistance from this project sponsor	Total HOPWA Funds Expended during the Operating year by this project sponsor
a.	Total Households receiving Supportive Services Only (unduplicated)*		
Break-out of Supportive Services Provided by This Project Sponsor Agency			
b.	Adult day care and personal assistance		
c.	Alcohol and drug abuse services		
d.	Case management/client advocacy/ access to benefits & services		
e.	Child care and other child services		
f.	Education		
g.	Employment assistance and training		
h.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
i.	Legal services		
j.	Life skills management (outside of case management)		
k.	Meals/nutritional services		
l.	Mental health services		
m.	Outreach		
n.	Transportation		
o.	Other (only if HUD-approved):		
Housing Placement Assistance Services			
p.	Housing Information Services		
q.	Permanent Housing Placement Services		
r.	Total Housing Placement Assistance		
Administration & Management Services			
s.	Resource Identification to establish, coordinate and develop housing assistance resources		
t.	Project Outcomes/Program Evaluation (if approved in a grant agreement)		
u.	Project Sponsor Administration (maximum 7% of subcontract)		
v.	Other Activity (if approved in grant agreement) Specify:		
w.	Total Administration & Management Services		
Total Expended			
x.	Total HOPWA Expenditures (sum of items a + r + w)		

Part 4: Appendix

Worksheet on Determining HOPWA Outcomes and Connections with HMIS

Background on HOPWA Housing Stability Codes

Short-term Housing

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

2 = Temporary housing - moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, and temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center). * *STRMU assistance is considered short-term housing assistance. Refer to outcome indicators below to correctly categorize households. STRMU is considered unstable, if there is a reasonable expectation that additional support is needed.*

Stable Permanent Housing/Ongoing Participation

3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self sufficient arrangements) with reasonable expectation that additional support is not needed.

4 = Other HOPWA-funded housing assistance (not STRMU), e.g. TBRA or Facility-based Assistance.

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility, hospital).

Life Events

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

9 = Death, i.e., remained in housing until death. This characteristic is not factored into the housing stability equation.

OUTCOME ASSESSED: The HOPWA assisted households were enabled to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and to reduce their risks of homelessness, and improve access to HIV treatment and other health care increases through the use of annual resources with the goal that this reaches 80 percent by 2008.

OUTCOME INDICATOR is the total as follows:

a. for STRMU assistance: **Stable Housing** is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period and there is reasonable expectation that additional support is not needed in order to maintain private housing arrangements (as this is a time-limited form of housing support) as shown as items: 3, 4, 5, and 6. **Unstable Situations** is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period and there is reasonable expectation additional support will be needed to maintain housing arrangements in the next year. Report under items 1, 2, 7, and 8.

b. for TBRA: **Stable Housing** those is the sum of the number of households who (i) remain in the housing and (ii) those who left the assistance as shown as items: 3, 4, 5, and 6. **Unstable Situations** is the sum of numbers reported under items 1, 2, 7 and 8.

c. for Facility-based forms of housing assistance: **Stable Housing** is the sum of the number of households who (i) remain in the housing and (ii) those who left the assistance as shown as items: 3, 4, 5, and 6. **Unstable Situations** is the sum of numbers reported under items 1, 2, 7, and 8.

Worksheet to Determine Percentage of Clients in Stable Housing.

Type of Housing Assistance	[1] Number in stable housing	[2] Number in unstable situations	[3] Percent Stable/total [#1/(#1+ #2)]
Tenant-based Rental Assistance	(# remaining in program plus 3+4+5+6=#)	(1+2+7+8=#)	
Facility-based Housing Assistance	(# remaining in program plus 3+4+5+6=#)	(1+2+7+8=#)	
Short-term Rent, Mortgage, and Utility Assistance	(3+4+5+6=#)	(1+2+7+8=#)	

Total HOPWA Housing Assistance			
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Background information on Universal Data Elements for Homeless Management Information Systems (HMIS), which may be used by HOPWA projects to help coordinate assistance. (OPTIONAL FORMAT and edits noted *)

Data Element	Response Category
2.1 Name	First Name Middle Name Last Name Suffix
Current Name	
Other Name Used to Receive Services Previously	
2.2 Social Security Number	1=Full SSN Reported 2=Partial SSN Reported 8=Don't Know or Don't Have SSN 9=Refused
2.3 Date of Birth	Month/Day/Year: ____/____/____
2.4 Ethnicity and Race	
Ethnicity	0=non-Hispanic/Latino 1=Hispanic/Latino
Race (* items 6-10 added to HMIS list)	1=American Indian or Alaskan Native 2=Asian 3=Black or African-American 4=Native Hawaiian or Other Pacific Islander 5=White 6= American Indian or Alaskan Native and White 7=Asian and White 8=Black or African-American and White 9=American Indian or Alaskan Native and Black or African-American 10=Other Multi-Racial
2.5 Gender	0=Female 1=Male
2.6 Veteran Status	0=No 1=Yes 8=Don't Know 9=Refused
2.7 Disability Status	0=No 1=Yes 8=Don't Know 9=Refused
2.8 Residence Prior to Program Entry	1=Emergency shelter 2=Transitional housing for homeless persons 3=Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab) 4=Psychiatric hospital or other psychiatric facility 5=Substance abuse treatment facility or detox center 6=Hospital (non-psychiatric facility) 7=Jail, prison or juvenile detention facility 10=Rented room, apartment, or house 11=House you own 12=Staying or living in someone else's (family and friends) room, apartment, or house 13=Hotel or motel paid for without emergency shelter voucher 14=Foster care home or foster care group home 15=Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) 16=Other 8=Don't Know 9=Refused
Length of Stay in Previous Place	1=One week or less 2=More than one week, but less than one month 3=One to three months 4=More than three months, but less than one year 5=One year or longer
2.9 Zip Code of Last Permanent Address	1=Full Zip Code Recorded 8=Don't Know 9=Refused
2.10 Program Entry Date	Month/Day/Year: ____/____/____
2.11 Program Exit Date	Month/Day/Year: ____/____/____
2.12 Unique Person Identification Number	A PIN must be created, but there is no required format as long as there is a single unique PIN for every client served and it contains no personally identifying information.
2.14 Household Identification Number	A Household ID number must be created, but there is no required format as long as the number allows identification of clients that receive services as a household.

Information on HOPWA Program Specific Data Elements in HMIS.

Data Element	Response Category	
3.1 Income and Source	1=Earned Income 2=Unemployed Insurance 3=Supplemental Security Income or SSI 4=Social Security Disability Income (SSDI) 5=A veteran's disability payment 6=Private disability insurance 7=Worker's compensation 8=Temporary Assistance for Needy Families (TANF) (or use local program name) 9=General Assistance (GA) (or use local program name) 10=Retirement income from Social Security 11=Veteran's pension 12=Pension from a former job 13=Child support 14=Alimony or other spousal support 15=Other source 16=No financial resources	
Total Month Income	\$.00	
3.2 Source of Non-Cash Benefits	1=Food stamps or money for food on a benefits card 2=MEDICAID health insurance program (or use local name) 3=MEDICARE health insurance program (or use local name) 4=State Children's Health Insurance Program (or use local name) 5=Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 6=Veteran's Administration (VA) Medical Services 7=TANF Child Care services (or use local name) 8=TANF transportation services (or use local name) 9=Other TANF-funded services (or use local name) 10=Section 8, public housing, or other rental assistance 11=Other source	
3.5 HIV/AIDS Status	0=No 1=Yes	
3.8 Services Received		
Date of service	Month/Day/Year: / /	
Service type	1=Food 2=Housing placement 3=Material goods 4=Temporary financial aid 5=Transportation 6=Consumer assistance and protection 7=Criminal justice/legal services 8=Education 9=Health care	10=HIV/AIDS-related services 11=Mental health counseling 12=Substance abuse services 13=Employment 14=Case/care management 15=Day care 16=Personal enrichment 17=Outreach 18=Other

Data Element	Response Category	
3.9 Housing Status end of operating year or Destination		
Destination / Housing Outcome * <i>(* this section rearranged to the HOPWA outcome focus from HMIS standards)</i>	1 (Emergency Shelter)= Emergency shelter or potentially place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) 2 (Temporary Housing) = Temporary arrangement such as Transitional housing for homeless persons; Staying or living in someone' else's (family and friends) room, apartment, or house; Hotel or motel paid for without emergency shelter voucher; planned temporary stay in institution such as a Substance abuse treatment facility or detox center 3 (Private Housing)= Non-subsidized rented room, apartment, or house; or House you own or other permanent placement without subsidy 4 (Other HOPWA)=such as TBRA or housing facilities. 5 (Other Subsidy)= non-HOPWA subsidized housing, such as Section 8, HOME, Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab); or Hospital (non-psychiatric) 6 (Institution)= Psychiatric hospital or other psychiatric facility; Foster care home or foster care group home; or other residence or long-term care facility 7 (Jail/Prison) = Jail, prison, or juvenile detention facility 8 (Disconnected) = Don't Know, Refused or no assessment of housing needs were undertaken 9 (Death) = life event	
Tenure	1=Permanent 2=Transitional 8=Don't Know 9=Refused	
Subsidy Type	1=Public housing 2=Section 8 3=Shelter Plus Care 4=HOME program 5=Other subsidy	6=None 8=Don't Know 9=Refused 10=HOPWA program
Housing Assistance	1=Short-term Rent, Mortgage, and Utility 2=Tenant-based Rental Assistance 3=Facility-based Housing Assistance a=Single Room Occupancy building b=Community Residence c=Units leased by project sponsor (non facility-based or clustered) d=Other Housing Facility (please specify)	
EXTRA. HOPWA access to care and other support * <i>(added to HMIS standards)</i>	1=Has a housing plan for maintaining or establishing stable on-going residency 2=Had contact with a case manager at least once in the last three months 3=Had contact with a primary health care provider at least once in the last three months 4=Had medical insurance coverage 5=Obtained an income-producing job created by this project sponsor during the year 6=Received a successful referral to a job created outside this agency during the year	